

Administrative Office
401 N. Morton Street, Suite 250
P.O. Box 848
Bloomington, IN 47402
Phone (812)349-3700
Fax (812)349-3705



Operations Center
345 South Adams
Bloomington, IN 47404

OPERATIONS DIVISION

Application for Temporary/Seasonal Employment

PERSONAL INFORMATION				
Name _____ <div><i>Last</i><div></div><i>First</i><div></div><i>Middle</i><div></div></div>				
Address _____ <div><i>Number</i><div></div><i>Street</i><div></div><i>City</i><div></div><i>State</i><div></div><i>Zip Code</i><div></div></div>				
Social Security Number _____ – _____ – _____			Telephone Number _____	
Present Occupation _____				
Date Available _____				

EDUCATION			
High School (or G.E.D.) _____ <div><i>Name</i><div></div></div>	Graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vocational School _____ <div><i>Name</i><div></div></div>	Graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
College _____ <div><i>Name</i><div></div></div>	Graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT HISTORY <i>(Most recent work experience-last three years)</i>				
DATES EMPLOYED	ORGANIZATION	POSITION	SUPERVISOR	PHONE NUMBER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

APPLICABLE EXPERIENCE, KNOWLEDGE, TRAINING, AND JOB SKILLS

CHARACTER REFERENCES (*Other than relatives and past employers*)

Name	Relationship	Phone Number
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

OTHER INFORMATION

Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid State of Indiana Driver's License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid CDL License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have your own transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you perform the essential functions of the job for which you are applying with or without reasonable accommodations including weight lifting requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LIST SPECIFIC POSITION(S) DESIRED AS TITLED ON THE JOB DESCRIPTION

(1)

(2)

(3)

ACKNOWLEDGEMENT

I hereby certify that all of the above questions are fully, correctly, and truthfully answered and I authorize this employer to contact my former employers, references, and other sources in order to verify the facts furnished regarding my character and qualifications. I understand that the job(s) for which I am applying may be subject to a criminal history check. I hereby release any such employer or persons liability of any nature on account of furnishing such information. I understand that any misleading, incorrect, or untruthful statements may render this application void; and if I am employed, would be just cause for termination of my employment.

Name (print)

Signature

Date

NOTE: You will be contacted ONLY if selected for an interview.

STAFF USE
